

Business Code	Transaction Account	Order Code	P/L	Act. Code	Buyer Code	Requisitioner-Location-Extension

digital

DIGITAL EQUIPMENT CORPORATION

INPUT
 ATRIUM AT GLENPOINTE
 400 FRANK BURR BOULEVARD
 TEANECK, NEW JERSEY 07666

YNDCP

This No. must appear on all invoices, packing slips, and packages
 RC-315007

PURCHASE ORDER NO.
CHANGE ORDER NO.

See Item Description

V
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V/C: 001957800004

Confirm: ☐ Yes ☐ No

THIS ORDER IS SUBJECT TO THE CONDITIONS ON THE FACE AND REVERSE HEREOF.

DATE 20-MAR-96	REQUISITION NO. 501580	SHIP VIA N/A	F.O.B. Not applicable	TERMS 04 / 0 NET 30	BASIC AGREEMENT NO. 6887	DELIVERY DATE SDE	ITEM
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ITEM	QUANTITY	PURCH UNIT	STOCK NUMBER - DESCRIPTION	UNIT PRICE	AMOUNT
1			<p>SERVICE</p> <p>41-47410-03</p> <p>ACCT NO: 9127007 TAXABLE: N</p> <p>TAX EXEMPT NO: 042-226-590</p> <p>JOB SITE: DIGITAL EQUIP. CORP.</p> <p>CG01-2/F13</p> <p>40 OLD BOLTON ROAD</p> <p>STOW</p> <p>MA. 01775</p> <p>ATTN: ELISE MCMULLIN</p> <p>This PO is to have INPUT provide consulting support, market research data and attendance for one day of the Strategic Planning Workshop (March 19th)</p> <p>The professional fee will be \$2,500 plus expenses, which are not expected to exceed \$600. Per INPUT letter dated 03/12/96.</p> <p>NO DIFFERENT OR ADDITIONAL TERMS PROPOSED BY SELLER SHALL APPLY</p>		

BILL TO:
 DIGITAL EQUIPMENT CORP. *****PAGE 1/CONTINUED NEXT PAGE *****
 ATTN: ACCTS PAYABLE
 334 SOUTH STREET
 SHREWSBURY, MA 01545 PHONE #(508)841-2614

SPECIAL INSTRUCTIONS:
 Acc: Tom O'Flaherty

Sales Tax	
<input type="checkbox"/> Tax	<input type="checkbox"/> No Tax

TAX EXEMPT NO:

FOR FURTHER INFORMATION CONTACT:

KEVIN
 GREENE
 508 264-6958

FOR PURCHASING USE ONLY	
Buyer Signature <i>Kevin Greene</i>	Date 5/20/96
Approval Signature _____	
Date _____	

VENDOR COPY



Business Code	Transaction Account	Order Number	P/L	Act. Code	Prod. Mat.	Buyer Code	Requester-Location-Extension

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RC-315007

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Confirm: ☐ Yes ☐ No

THIS ORDER IS SUBJECT TO THE CONDITIONS ON THE FACE AND REVERSE HEREOF.

DATE	REQUISITION NO.	SHIP VIA	FOB	TERMS	BASIC AGREEMENT NO.	DELIVERY DATE
20-MAR-96	501580	N/A	Not applicable	0% / 0 NET 30	4687	SEE ITEM

ITEM	QUANTITY	PURCH UNIT	STOCK NUMBER - DESCRIPTION	UNIT PRICE	AMOUNT
			SERVICE BEGINNING DATE : 19-MAR-96 SERVICE EXPIRATION DATE: 19-MAR-96 TOTAL-NOT-TO-EXCEED		\$3,100.00
			TOTAL PURCHASE ORDER VALUE :		\$3,100.00
			NO DIFFERENT OR ADDITIONAL TERMS PROPOSED BY SELLER SHALL APPLY		

DIGITAL EQUIPMENT CORP. *****PAGE 2/LAST PAGE *****

ATTN: ACCTS PAYABLE

334 SOUTH STREET

SHREWSBURY, MA 01545 PHONE # (508) 841-2614

SPECIAL INSTRUCTIONS:

Att: Tom O'Flaherty

Sales Tax	
<input type="checkbox"/> Tax	<input type="checkbox"/> No Tax

TAX EXEMPT NO:

FOR FURTHER INFORMATION CONTACT:

KEVIN
GREENE
508 264-6958

FOR PURCHASING USE ONLY

Buyer Signature

Date

Approval Signature

Date

VENDOR COPY

EN-01254-08-REV 054 (ENL)

1. Name of the person
2. Address
3. City
4. State

5. Zip

10-101

6. Date

7. Time

8. Name of the person
9. Address

10. City

11. State

12. Name of the person
13. Address
14. City
15. State
16. Zip

17. Name of the person
18. Address

19. City

20. State

21. Zip

22. Name of the person
23. Address

24. City

ORDER/INVOICE/FULFILLMENT

Accg. ONLY

Inv. Comp.	By:	Date:	Client #	Order #	Inv. #	Multi-Invoicing of
ORIGINATOR (Signature) <u>[Signature]</u> DATE <u>Mar 20 1996</u>						APPROVALS <u>[Signature]</u> VP Sales/Res. <u>3/20</u> Date Controller Date
Company <u>Digital Equipment</u>			CA Tax Rate _____ CT Tax 8% _____ Salutation _____ State <u>MA</u> Zip <u>011720</u> Country _____ Fax _____ Tlx _____			
Name <u>Mr. Kevin Greene</u> Position <u>Purchasing</u> Address <u>50 Nagog Park</u> City <u>Acton MA</u> Province _____ Phone <u>508-264-6958</u>						

Special instructions for invoicing, progress billing, or delayed payments, etc.

Wait for TOP expenses then bill

ORDER CLIENT AUTH.

Contract Year Beg. _____ End _____ <input type="checkbox"/> New Order (N1) <input type="checkbox"/> Prior Yr (N3) <input type="checkbox"/> Renewal (N2) <input type="checkbox"/> Cancel	Invoice Type <input type="checkbox"/> Fulfillment Only <input type="checkbox"/> W/Order (OR) <input type="checkbox"/> Monthly (MO) <input type="checkbox"/> Quarterly (QT) <input type="checkbox"/> Pending	Employee # _____ Sold by: <u>TRP</u> <u>100%</u> _____ % _____ %	Employee # _____ Commission to: <u>NB</u> <u>100%</u> _____ % _____ %
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PO# _____ INPUT Contract ☐ Letter ☐ Verbal ☒
 Attach all authorizing documents to white (contract) copy. attached

SHIP TO

Company _____ Name <u>Mr. Bonnie Keith</u> Position _____ Address _____ City _____	Province _____ Solution <u>for 508 496-9899</u> State _____ Zip _____ Country _____ Phone <u>508-841-6422</u>
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ITEM TYPE

<ul style="list-style-type: none"> • Subscription (SB) • Custom (YC/ZC/KC)VC • Multiclient (MC) • Reports (RP) 	<ul style="list-style-type: none"> • Copies (CP) • Consult/Present (PR) • Newsletter (NL) • Reimbursed Costs (EX) 	<ul style="list-style-type: none"> • Merger/Acq. (ME) • Exec Overview (EO) • Conf/Seminar (CN)
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DETAIL

Indicate US, UK, FR, VA	Prod. ID/Year	Item Type Code	Item Description or Title	Quantity	Price	Shipped By	Date
US	YNDCP	YC	Attending Strategy Session		12,500 \$2,500		
			+ up to \$600 expense				

Fulfillment to be completed in: ☐ Corporate ☐ London ☐ Virginia ☐ France ☒ Other NB

• White - Contract • Green - Fulfillment • Yellow - Invoice • Pink - Originator • Goldenrod - Sales Manager

M&S 180 12/92

INPUT



Project Work Statement

Prepared by (print): <u>TOP</u>	Date: <u>3/20/96</u>
Project Title: <u>DEC Services Strategy</u>	Project Code: <u>YNDCP</u>
Client Name*: <u>DEC</u>	Project Manager: <u>TOP</u>
Project Source: <input type="checkbox"/> Program <input type="checkbox"/> Multi-Client <input checked="" type="checkbox"/> Custom <input type="checkbox"/> Other	
Project Type: <input type="checkbox"/> Report <input checked="" type="checkbox"/> Presentation <input type="checkbox"/> Other	
Initiation Date: <u>3/18/96</u>	Begin Production:
Midpoint Review:	Shipping Date:
First Draft Due: <u>3/31</u>	

Resources Required:	
Level of Effort (number of days):	Consultant 1.5 R/A
Source— <u>Internal</u> /External (specify):	TR

Contract Value: <u>\$22,500</u>	Reimbursable Expenses: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Expense Budget: <u>\$22,600</u>	
To Cover: <u>Travel:</u>	Telephone: _____
Report Preparation: _____	Other: _____

Project Description: Attend strategy meeting (+ will
offer comments) ~~attest~~ not

* Attach list for Multi-Clients **For Custom and Multi-Client Projects

ACCOUNTING USE ONLY: Entered on current project list ☐

